



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF DIETETICS/NUTRITION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR LICENSURE AS A DIETITIAN/NUTRITIONIST

### INSTRUCTION SHEET

#### Requirements for *All* Applicants

- ☐ Submit completed, signed and notarized [application form](#)
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
  - On [dpr.delaware.gov](http://dpr.delaware.gov), click "Dietitians & Nutritionists" and then "Fee Schedule."
- ☐ If you hold, or have ever held, a license, certification or registration as a dietitian or nutritionist in another state, arrange for the Board office to receive letters of good standing sent directly from each state to the Board office.

***In addition to the above***, other supporting documentation you must submit depends on the ***basis of your application***. The choices are:

IF you...	THEN the basis is...
are <i>currently</i> a registered dietitian with the Commission on Dietetic Registration (CDR)	<b>CDR Registration</b>
have not passed any dietetics/nutrition certification/registration examination OR you have passed a dietetics/nutrition certification/registration examination <i>other than the CDR exam</i> .	<b>Examination</b>
have a baccalaureate (or higher) degree in nutrition <u>and</u> at least ten years of work experience in the field of nutrition. (This option is available only for applications filed before June 21, 2010.)	<b>Experience</b>
hold a <i>current</i> dietitian or nutritionist registration, license or certification issued by another state	<b>Reciprocity</b>

*For further instructions, see the heading for the basis of your application below.*

#### Additional Requirements for Licensure Based on CDR Registration

If the basis of your application is CDR Registration, submit:

- ☐ Copy of current CDR registration card
- ☐ Original or electronic *Credential Verification* sent directly from CDR to the Board office
  - To request the *Credential Verification*, visit the CDR website at [www.cdrnet.org](http://www.cdrnet.org).

#### Additional Requirements for Licensure Based on Examination

As of this writing, the Board is in the process of revising its Rules and Regulations to designate an examination.

- ☐ Submit official transcript(s), sent directly from the college/university to the Board office.
  - The transcript must show that you have a minimum of a baccalaureate degree from an accredited college or university in the US and that your major course of study was in human nutrition, nutrition education, food and nutrition, dietetics or food systems management.
  - For more information, see [24 Del. C. §3806\(a\)\(1\) and \(2\)](#).
- ☐ If you received your nutrition education outside the US or US territories, submit proof (e.g., credential evaluation) showing that it is equivalent to the required US education.
  - For more information, see [24 Del. C. §3806\(a\)\(1\)](#).

- ☐ Arrange for your supervisor(s) to complete and submit *Experience Assessment* form(s) directly to the Board office.
  - The forms must show that you have completed 900 hours of appropriate supervised experience.
  - Your supervisor must meet specific qualifications.
  - For more information, see [24 Del. C. §3806\(a\)\(3\)](#).
- ☐ If you have already passed a dietetics/nutrition certification/registration examination(s), submit verification of passing each exam.
  - For example, if you have passed the Certification Board for Nutrition Specialists (CBNS) exam, submit a copy of your CBNS card and verification of certification sent directly from CBNS to the Board office

#### **Additional Requirements for Licensure Based on Experience**

If you are applying on the basis of experience, submit:

- ☐ Official transcript(s), sent directly from the college/university to the Board office.
  - The transcript must show that you have a minimum of a baccalaureate degree in nutrition from an accredited college or university in the US.
- ☐ *Experience Assessment* form(s) completed and submitted by your employer(s) directly to the Board office.
  - The forms must show that you have ten years experience in the field of nutrition.

*Note that this provision applies only for applications filed before June 21, 2010. See [24 Del. C. §3806\(f\)](#).*

#### **Additional Requirement for Licensure Based on Reciprocity**

You must hold a *current* dietetics/nutrition license, certification or registration in another state. In order to qualify on the basis of reciprocity, at least one state where you are currently licensed, registered or certified as a dietitian/nutritionist must have licensure standards at least equal to Delaware's licensure standards. The Board will compare the laws and regulations of Delaware to those of the other states.

- ☐ Submit copies of the licensing and/or practice law and regulations pertaining to dietetics/nutrition for *each* state where you are currently licensed.



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## APPLICATION FOR LICENSURE AS A DIETITIAN/NUTRITIONIST

### TYPE OF APPLICATION

1. Select the item(s) that describe your situation (check one):

- ☐ CDR Registration – I am currently a registered dietitian with the Commission on Dietetic Registration (CDR).
- ☐ Examination
- ☐ I have not passed any dietetics/nutrition certification/registration examination.
- ☐ I have passed a dietetics/nutrition certification/registration examination *other than* the CDR exam.
- ☐ Experience - I have a baccalaureate or higher degree in nutrition and at least ten years of work experience in the field of nutrition. (This option is available only for applications filed before June 21, 2010.)
- ☐ Reciprocity - I hold a current dietitian or nutritionist registration, license or certification issued by another state.

### IDENTIFYING AND CONTACT INFORMATION

2. Full Name: \_\_\_\_\_  
Last First Middle
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
4. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Work
5. Date of Birth (month/day/year): \_\_\_\_\_
6. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
- If yes, enter your SSN: \_\_\_\_\_
  - If no, you must file a *Request for Exemption from Social Security Number Requirement*.

### REGISTRATION, CERTIFICATION AND LICENSURE INFORMATION – All applicants complete this section.

7. Are you a registered dietitian with CDR? Yes ☐ No ☐ If yes, enter CDR Number: \_\_\_\_\_

**Submit copy of current CDR registration card and *Credential Verification* sent directly from CDR to the Board office**

8. Have you passed a dietetics/nutrition certification/registration examination? Yes ☐ No ☐ If yes, list the exams you have passed: \_\_\_\_\_

**Submit verification of passing the examination(s).**

9. Do you now hold, or have you ever held, a dietetics/nutrition license, certification or registration issued by any other state? Yes ☐ No ☐ If yes, complete the following about each state:

STATE	LICENSE NUMBER	IS THIS LICENSE CURRENT?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Submit letters of good standing sent directly from each state, sent directly from the state to the Board office.

**EDUCATION INFORMATION – CBNS Certification, Experience and Examination applicants complete this section.**

10. Enter the following information about your *dietetics/nutrition* education.

COLLEGE/UNIVERSITY	LOCATION	DATES ATTENDED	MAJOR	DEGREE RECEIVED

Submit official transcript(s), sent directly from the college/university to the Board office. If you received your dietetics/nutrition education outside the U.S., submit credential evaluation.

**EXPERIENCE INFORMATION – CBNS Certification, Experience and Examination applicants complete this section.**

11. Enter the following information about your *dietetics/nutrition* experience.

FACILITY	LOCATION	JOB TITLE	DATES WORKED	
			FROM	TO

Submit *Experience Assessment* form(s) establishing that you have the required experience for the basis on which you are applying, sent directly from the supervisor/employer to the Board office.

**DISCLOSURES – All applicants complete this section.**

12. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ If yes, submit a certified copy of your criminal history record.
13. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.
14. Have you ever had a license to practice dietetics/nutrition suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes ☐ No ☐ If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

## AFFIDAVIT

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature of Notary: \_\_\_\_\_

SEAL

***APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE  
REQUIRED FEE WILL BE REJECTED.***



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## EXPERIENCE ASSESSMENT FORM

The applicant is applying for Delaware licensure as a dietitian/nutritionist in Delaware. As the supervisor of the experience requirements, your evaluation of the applicant's performance is important in determining if the experience meets the requirements.

**APPLICANT:** \_\_\_\_\_  
Last First Middle Initial

### INFORMATION ABOUT SUPERVISOR

1. Supervisor Name: \_\_\_\_\_  
Last First Middle Initial

2. Supervisor's Credentials:

- ☐ Registered Dietitian – Enter Commission on Dietetic Registration (CDR) #: \_\_\_\_\_  
☐ Licensed Dietitian – Enter License #: \_\_\_\_\_ State: \_\_\_\_\_  
☐ Certified Dietitian/Nutritionist – Enter Certificate #: \_\_\_\_\_ State: \_\_\_\_\_  
☐ Certified Nutritional Specialist – Enter Certificate #: \_\_\_\_\_ State: \_\_\_\_\_  
☐ Licensed Physician - Enter License #: \_\_\_\_\_ State: \_\_\_\_\_  
(If licensed Physician, attach documentation showing expertise in Human Nutrition.)

3. Place of Employment (when supervising applicant): \_\_\_\_\_

4. Period of Supervision: Start (month/year): \_\_\_\_\_ End (month/year): \_\_\_\_\_

5. Position (when supervising applicant): \_\_\_\_\_

6. Current Position: \_\_\_\_\_

7. Current Employment Address: \_\_\_\_\_

8. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### INFORMATION ABOUT APPLICANT'S EXPERIENCE

9. Total Number of Practice Hours: \_\_\_\_\_

10. Place of Supervision: \_\_\_\_\_

11. Applicant's Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Outline of applicant's planned work experience with time allotment specified for each activity: \_\_\_\_\_  
\_\_\_\_\_

13. Assessment of applicant's performance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above statements for the work done by the applicant while under my supervision are true.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return completed form *directly* to Board of Dietetics/Nutrition at address above.**